



## Indiana Department of Environmental Management

*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8803 • [www.idem.IN.gov](http://www.idem.IN.gov)

Michael R. Pence  
Governor

Carol S. Comer  
Commissioner

December 9, 2016

Kyle J. Haney, Auditor  
Posey County  
126 E 3rd St Rm 220  
Mt. Vernon, Indiana 47620

Dear County Auditor:

Re: Geothermal Heating/Cooling Device  
Pursuant to IC 6-1.1-12-34  
Property Tax Deduction for  
Jonathan M. Altstadt  
205 Wiley Rd  
New Harmony, Indiana 47631  
Parcel Number: 65-08-25-700-007.001-  
008

The above referenced claim for a property tax deduction, attached State Form 18865 and supplemental attachments, submitted by the above referenced applicant, have been reviewed by this Office in accordance with IC 6-1.1-12-35.5. Please be advised that the heating/cooling system outlined in the claim for exemption (18865) qualifies as a geothermal system as defined in IC 6-1.1-12-34. The total amount of this claim shall be pursuant to IC 6-1.1-12-34(b). This certification does not include a determination as to the total actual or depreciated value of the claimed property.

This certification is for the life of the installed equipment and does not need to be requested on an annual basis. However, when the equipment is no longer in service, the owner of the equipment for which this certification is made must give written confirmation to the assessor of the township or county in which the equipment is installed.

Additionally, this certification does not include a determination as to the timeliness of the claim nor whether the property claimed for exemption is real or personal property.



A State that Works

If you have any questions concerning this matter, you may contact Ms. Donna Palmer at (317) 233-0478.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Myers', with a stylized, flowing script.

Lance Myers, Section Chief  
Operations Section  
Office of Water Quality

Certification/Approval Number: 161156  
Jonathan M. Altstadt



**STATEMENT FOR DEDUCTION OF ASSESSED VALUATION**  
(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)  
State Form 18865 (R11 / 10-15)  
Prescribed by the Department of Local Government Finance

FORM SES / WPD

**INSTRUCTIONS:** To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)

- FILING DATES:**
- (1) Real Property: Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed or postmarked on or before January 5 of the following calendar year.
  - (2) Mobile/Manufactured Home assessed under IC 6-1.1-7: Must be completed, dated, and filed during the twelve (12) months before March 31 of the year the deduction is to be effective.
  - (3) State Distributable Property under IC 6-1.1-8 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.
  - (4) Personal Property under IC 6-1.1-3 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either his personal property tax return or his amended personal property tax return for each year the deduction is desired.  
(IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.6.

**CERTIFICATION STATEMENT**

I (We), ALSTADT, JONATHAN M. TRUSTEE certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property: mobile/manufactured home, state distributable property, or personal property that is subject to assessment and:

☐ Solar Energy Heating or Cooling System ☐ Wind Power Device ☒ Geothermal Device ☐ Hydroelectric Device

Solar Power Device\*: ☐ Real ☐ Mobile/Manufactured Home ☐ State Distributable ☐ Personal Property  
\*Applies to a solar power device installed after December 31, 2011.

deduction from assessed valuation is hereby claimed in POSEY county.

Date system/device was installed (month, day, year) \_\_\_\_\_ Total deduction claimed \$ \_\_\_\_\_

**PROPERTY DESCRIPTION**

Taxing District (city, town, township) <u>158500</u>	Township <u>LYNN</u>	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel number <u>65-08-25-700-007.001-008</u>
Address of owner (number and street, city, state, and ZIP code) <u>205 Wiley Rd. New Harmony, IN 47631</u>		
I (We) hereby certify that the above statement is true, correct, and complete. Signature <u>[Signature]</u>		Date (month, day, year) <u>10/21/2016</u>

**FOR AUDITOR'S USE ONLY**

1	Total assessed value of real property or mobile/manufactured home including qualifying device/system.	\$	Assessment Data First Effective Payable 20 <u>2017</u>
2(a)	For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.		
2(b)	For solar energy system only: Out-of-pocket expenditures for components and installation labor.		
2(c)	For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.		
2(d)	For state distributable solar power device deduction: Enter assessed value of qualifying equipment.		
3	Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).		

**VERIFICATION BY ASSESSING OFFICIAL**

Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended deduction	Comments, if any <u>10/21/2016 TAXES</u>
Signature of assessing official	Printed name of assessing official <u>SARAH BETH MEIGHEN</u>	Date signed (month, day, year) <u>10/21/2016</u>

**FINAL DETERMINATION OF COUNTY AUDITOR**

Deduction determined by County Auditor for assessment date of _____, 20 _____ payable in 20 _____	Approved deduction \$ _____
Signature of county auditor	Printed name of county auditor Date signed (month, day, year)
Description or reasons for change:	

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor  
Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor

PHONE # 812-568-7847KEY or PARCEL # 65-08-25-700-007,001-008**GEOHERMAL HEATING & COOLING**

PLEASE COMPLETE THIS FORM SO AN ACCURATE ASSESSMENT OF YOUR GEOHERMAL HEATING &amp; COOLING SYSTEM CAN BE MADE.

MAKE

Carrier

MODEL

GTO4860-4ton & G5024-2ton

SERIAL NUMBER

2015V17068 & 2415A83781

PLEASE CHECK ONE (1) BOX WHICH REPRESENTS YOUR SYSTEM.

\*\*\* PLEASE NOTE - 12,000 BTU = 1 TON

Date of Installation:

April - 2016\*\*\* WITH DISTRIBUTION MEANS DUCT WORK WITH FORCED AIR OR SOME WAY OF DISTRIBUTING AIR THROUGHOUT THE HOUSE**HORIZONTAL CLOSED LOOP SYSTEM**

SYSTEM TONNAGE	HORIZONTAL CLOSED LOOP WITH DISTRIBUTION	SYSTEM TONNAGE	HORIZONTAL CLOSED LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON	<input checked="" type="checkbox"/>	6 TON	

**VERTICAL CLOSED LOOP SYSTEM**

SYSTEM TONNAGE	VERTICAL CLOSED LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	VERTICAL CLOSED LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

**OPEN DISCHARGE OPEN LOOP SYSTEM**

SYSTEM TONNAGE	OPEN DISCHARGE LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	OPEN DISCHARGE LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

**RETURN WELL OPEN LOOP SYSTEM**

SYSTEM TONNAGE	RETURN WELL OPEN LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	RETURN WELL OPEN LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

PLEASE RETURN FORM TO:

ALLEN COUNTY AUDITOR'S OFFICE  
 ATTN:  
 1 EAST MAIN ST. RM. 102  
 FORT WAYNE, IN 46802

Auditor/Forms/GEOINFO

## PALMER, DONNA

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**From:** Sara Altstadt <sarab@hinderliterconstruction.com>  
**Sent:** Thursday, December 08, 2016 4:26 PM  
**To:** PALMER, DONNA  
**Subject:** Geothermal Tax Deduction  
**Attachments:** Geothermal Tax Deduction.pdf

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Attached is the Geothermal Tax deduction form with the address on it. Our address is 205 Wiley Rd. New Harmony, IN 47631.

Thank you!

*Sara Altstadt*



3601 N St. Joseph Ave  
Evansville, IN 47720  
Ph: (812) 425-4137  
Fax: (812) 425-5641  
[www.hinderliterconstruction.com](http://www.hinderliterconstruction.com)  
[sarab@hinderliterconstruction.com](mailto:sarab@hinderliterconstruction.com)



**STATEMENT FOR DEDUCTION OF ASSESSED VALUATION**  
(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)  
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FORM SES / WPD

**INSTRUCTIONS:** To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)

- FILING DATES:**
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(IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

**CERTIFICATION STATEMENT**

I (We), <u>ALTSTADT, JONATHAN M. TRUSTEE</u> certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a: <input type="checkbox"/> Solar Energy Heating or Cooling System <input type="checkbox"/> Wind Power Device <input checked="" type="checkbox"/> Geothermal Device <input type="checkbox"/> Hydroelectric Device Solar Power Device*: <input type="checkbox"/> Real <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> State Distributable <input type="checkbox"/> Personal Property *Applies to a solar power device installed after December 31, 2011.	
deduction from assessed valuation is hereby claimed in <u>POSEY</u> county.	
Date system/device was installed (month, day, year)	Total deduction claimed \$

**PROPERTY DESCRIPTION**

Taxing District (city, town, township) <u>158500</u>	Township <u>LYNN</u>	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel number <u>65-08-25-700-007.001-008</u>
Address of owner (number and street, city, state, and ZIP code)		
I (We) hereby certify that the above statement is true, correct, and complete. Signature <u>[Signature]</u>		Date (month, day, year) <u>10/21/15</u>

**FOR AUDITOR'S USE ONLY**

	Assessment Date First Effective <u>20</u>	Payable <u>20</u>
1	Total assessed value of real property or mobile/manufactured home including qualifying device/system. \$	
2(a)	For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.	
2(b)	For solar energy system only: Out-of-pocket expenditures for components and installation labor.	
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**VERIFICATION BY ASSESSING OFFICIAL**

Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended deduction	Comments, if any <u>10/21/15 TAXES</u>
Signature of assessing official	Printed name of assessing official <u>SARAH BETH MEIGHEN</u>	Date signed (month, day, year) <u>10/21/15</u>

**FINAL DETERMINATION OF COUNTY AUDITOR**

Deduction determined by County Auditor for assessment date of _____, 20____ payable in 20____.	Approved deduction \$	
Signature of county auditor	Printed name of county auditor	Date signed (month, day, year)
Description or reasons for change:		

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor  
Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor

PHONE # 812-568-7847KEY or PARCEL # 65-08-25-700-007.001-008**GEOHERMAL HEATING & COOLING**

PLEASE COMPLETE THIS FORM SO AN ACCURATE ASSESSMENT OF YOUR GEOHERMAL HEATING &amp; COOLING SYSTEM CAN BE MADE.

MAKE

Carrier

MODEL

GT04860-4 ton & GS024-2 ton

SERIAL NUMBER

2015V17068 & 2415A83781

PLEASE CHECK ONE (1) BOX WHICH REPRESENTS YOUR SYSTEM.

\*\*\* PLEASE NOTE - 12,000 BTU = 1 TON

Date of Installation:

April - 2016\*\*\* **WITH DISTRIBUTION** MEANS DUCT WORK WITH FORCED AIR OR SOME WAY OF DISTRIBUTING AIR THROUGHOUT THE HOUSE**HORIZONTAL CLOSED LOOP SYSTEM**

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6 TON		6 TON	

**RETURN WELL OPEN LOOP SYSTEM**

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5 TON		5 TON	
6 TON		6 TON	

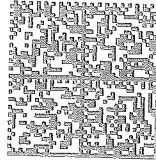
PLEASE RETURN FORM TO:

ALLEN COUNTY AUDITOR'S OFFICE  
 ATTN:  
 1 EAST MAIN ST. RM. 102  
 FORT WAYNE, IN 46802

**HINDERLITER ENVIRONMENTAL SERVICES, INC.**

3601 N. St. Joseph Ave.  
Evansville, IN 47720

EVANSVILLE  
IN 477  
17 NOV '85  
PM 11



02 1P  
\$ 000.465  
0001875248 NOV 17 2016  
MAILED FROM ZIP CODE 47720

*IDEM  
Office of Water Quality  
100 N. Main Street Apt.  
65-40 Geothermal  
Indianapolis, IN 46204*



**PALMER, DONNA**

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**From:** PALMER, DONNA  
**Sent:** Monday, November 28, 2016 10:34 AM  
**To:** 'poseyauditor@poseycountyin.gov'  
**Subject:** Jonathan M. Altstadt Geothermal Application  
**Attachments:** Jonathan Altstadt Geothermal Application.pdf

Posey County Auditor:

IDEM receive the geothermal application from Jonathan M. Altstadt (see attached document).

His State Form 18865 has not address information. IDEM need the address on where the geothermal unit is located. If the mailing address information is different, please provide that information too.

Should you have any questions, please feel free to contact me by phone or email.

Thank you,  
Donna Palmer  
Operations Section  
Surface Water, Operations & Enforcement Branch  
Office of Water Quality  
IDEM  
(317) 233-0478  
Toll Free (800) 451-6027  
[dpalmer@idem.in.gov](mailto:dpalmer@idem.in.gov)



## Indiana Department of Environmental Management

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Michael R. Pence  
Governor

Carol S. Comer  
Commissioner

November 29, 2016

Jonathan M. Altstadt  
Hinderliter Environmental Service, Inc  
3601 N St Joseph Ave  
Evansville, Indiana 47720

Dear Mr. Altstadt:

Re: Request for a Property Tax Deduction  
For a Geothermal Heating/Cooling Device

I have received your request concerning tax exempt status for a geothermal unit.  
I cannot process this certification at this time.

Please provide me with the following information:

- Address on where your geothermal unit is located

You may contact me at (317) 233-0478 or (800) 451-6027 ext 3-0478 or by email  
at [dpalmer@idem.in.gov](mailto:dpalmer@idem.in.gov).

Sincerely,

Donna Palmer, Administrative Assistant  
Operations Section  
Surface Water, Operations & Enforcement  
Branch  
Office of Water Quality

Enclosures